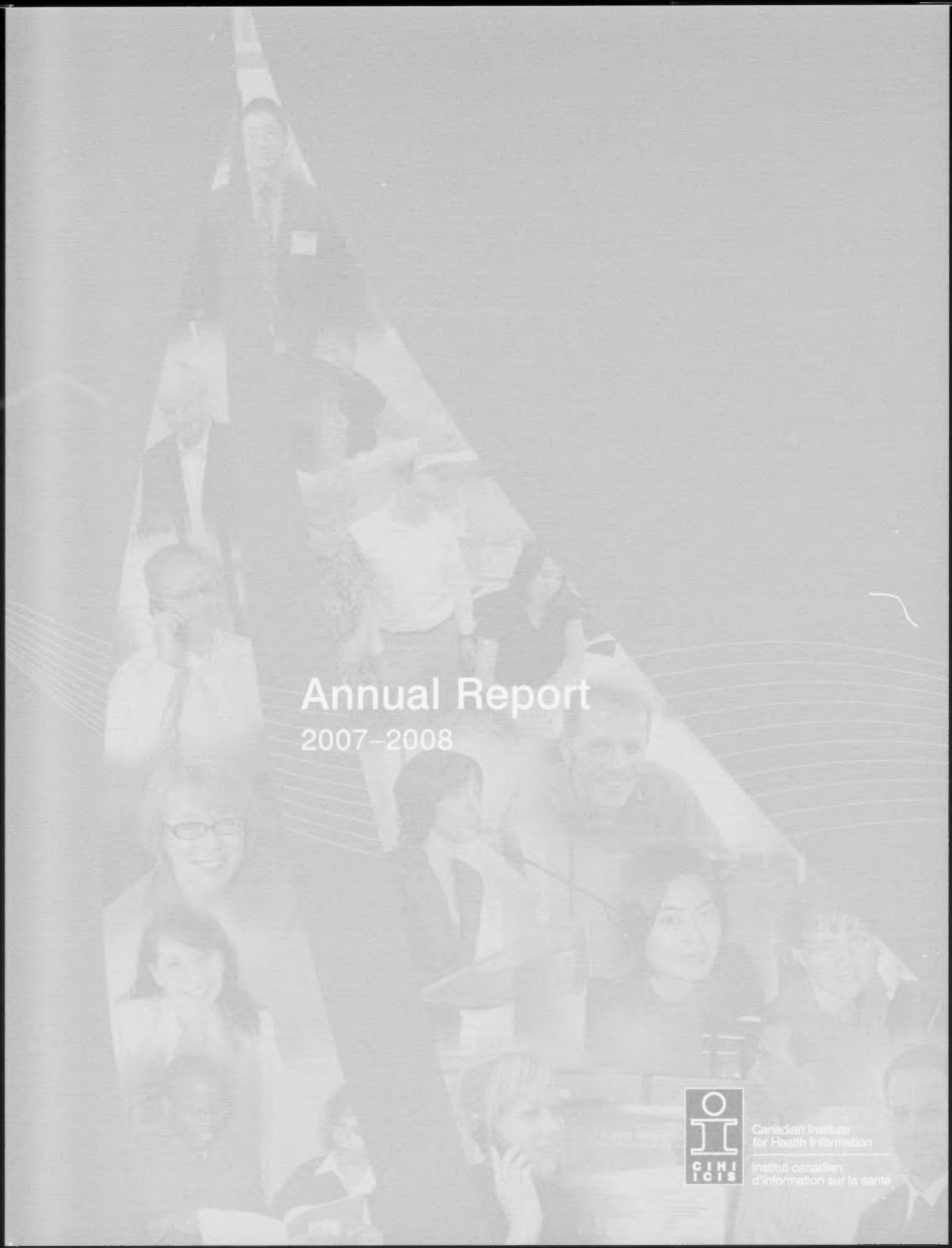

Annual Report
2007–2008

Canadian Institute for Health Information

Institut canadien d'information sur la santé

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ISBN 978-1-55465-312-6 (PDF)

© 2008 Canadian Institute for Health Information

How to cite this document:
Canadian Institute for Health Information, *Canadian Institute for Health Information Annual Report, 2007–2008* (Ottawa, Ont.: CIHI, 2008).

Cette publication est aussi disponible en français sous le titre *Institut canadien d'information sur la santé — Rapport annuel, 2007-2008.*
ISBN 978-1-55465-314-0 (PDF)

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Message From the Board Chair

As Canada's health system continues to evolve, CIHI is dedicated to ensuring we continue to have trusted, comparable and dependable pan-Canadian health information to guide decisions on complex issues.

Policy-makers, researchers, health care managers, clinicians and many others throughout the country look to CIHI as a source of accurate, timely and unbiased health information. They rely on our data and analyses to gain insight into priority issues to develop health policies and to manage the health system more effectively.

At CIHI, we are passionate about information. We have witnessed the power it has to foster change—to improve care and to inform decisions. We create the data that others put into action.

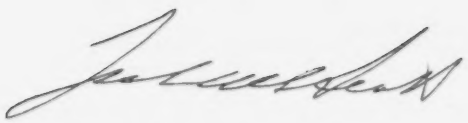
Over the past year, CIHI broadened the scope of our information by adding two new databases, as well as increasing the number of jurisdictions and partners who contribute data to our existing databases. We strengthened and expanded our partnerships, enabling us to offer a more complete pan-Canadian picture.

We now have better health information at the regional level, thanks to the development of new indicators. This helps us improve the comparability of our information and provide a more comprehensive picture of care. We also enhanced our evaluation and education programs with the goal of ensuring the data we receive are of the highest quality and are consistent from coast to coast.

These are but a few examples of how we made progress in serving our stakeholders this year.

Of course, we do not have all the answers; we are still building on what we know. This coming year, we will expand our holdings, particularly around ambulatory care (such as emergency services and day surgeries), home and continuing care, and pharmaceuticals. We will also continue to explore and develop potential new data sources for primary care and community mental health and strive to create databases in these areas.

We look forward to our momentum continuing and to playing a significant role in making our health care system the best it can be.



Graham W. S. Scott, C.M., Q.C.
Chair, CIHI Board of Directors

Message From the President and CEO

This past year has been one of growth at CIHI—in what we've learned about the health care system, as well as in the breadth and depth of the products and services we provided to our stakeholders.

We've worked hard to enhance the comparability, timeliness, accuracy and breadth of our data holdings, and to live up to our reputation as a world leader in the field of health information.

This past fiscal year saw us publish a record number of analytical products, shedding light on some of the most pressing challenges facing the Canadian health system and the health of Canadians. We've provided context and facts around important issues of public debate such as access to care, health human resources and health expenditures. We've also developed new tools to help our health care partners better understand and make use of CIHI information for their own planning and decision-making needs. This includes a new grouping methodology, new health indicators and enhanced abilities within our CIHI Portal to create and customize reports.

In all of this, safeguarding the privacy of Canadians' health data has been essential. As an organization that collects and analyzes health information, a great deal of trust has been placed in us, so it must always remain at the forefront of everything we do.

In the pages that follow, you can read more about our achievements over the past year and you'll find compelling examples of how CIHI data are making a difference in the health care system and contributing to improvements in the health of Canadians. But there is more work ahead of us. Based on extensive consultations across the country, our accompanying *Strategic Directions* report

outlines CIHI's planned course of action over the next four years, and details immediate priorities for the year ahead.

Of course, our successes, and those yet to come, would not have been possible without the talent, dedication and creativity of our staff. We continuously strive to challenge and engage our staff members and maintain a positive overall workplace culture. Those efforts were reflected this past year in high job satisfaction rates in our employee survey, as well as in CIHI's being named one of the National Capital Region's top 20 employers for the third year in a row.

CIHI is also fortunate to be governed by a strong board of directors, the members of which continue to guide our endeavours. Collectively, we are deeply committed to meeting the needs of the health care sector, and continuously strive to fill information gaps and keep our work relevant to evolving realities. We look forward to another challenging but rewarding year, working with our board, our staff and our partners—all in the name of taking health information further.

Glenda Yeates
President and CEO, CIHI

Who We Are and What We Do

Established in 1994, the Canadian Institute for Health Information (CIHI) is unique in the Canadian health sector. We are an independent, not-for-profit corporation that provides essential information on Canada's health system and the health of Canadians. We act as a strong voice for comparable pan-Canadian data to support decision-making and inform health care discussions. Funded by the federal, provincial and territorial governments, we report to an independent board of directors who are representative of health sector leaders across the country.

CIHI's vision is to help improve Canada's health system and the well-being of Canadians by being a leading source of unbiased, credible and comparable information that enables health leaders to make better-informed decisions.

We work with stakeholders to create and maintain a broad range of health databases, measurements and standards. We develop reports and analyses, from our own data and other sources, that are publicly available. And we help our partners in the health sector understand and use our information for their own decision-making needs. We do all of this in a way that ensures privacy and provides value for Canadians.

CIHI depends on many partners throughout the health system, including provincial, territorial and federal governments, regional health authorities, hospitals, researchers, associations representing health care professionals and private-sector information sources. We also work closely with dedicated staff throughout the health system who support our activities on a daily basis. Without their support in collecting and validating data, we would simply not be able to deliver on our mandate and contribute to the future success of Canada's health system.

How We Took Health Information Further in 2007–2008

CIHI's work is guided by several overarching strategic directions developed following extensive pan-Canadian consultations in 2004–2005. This year marked the last year for these particular strategic directions, and this annual report highlights the many achievements that supported these directions.

1 CIHI will be a **premier** Canadian **source of** unbiased, credible and comparable **health information**.

2 CIHI will enhance its **data holdings**.

3 CIHI will produce vital **information** to improve the health of Canadians and of their health systems.

4 CIHI will enhance information **quality**.

5 CIHI will improve **access** to data, **and** will do so in a **privacy**-sensitive manner.

6 CIHI will provide leadership to ensure that **future** data and information **needs** are met.

7 CIHI will continue to be a dynamic **organization** with a highly motivated workforce.

Premier Source of Health Information

First and foremost, we strive every day to be a premier source of health information—a leader in producing and disseminating timely, accurate and comparable pan-Canadian data.

This past year, we continued to offer a range of products, from databases to reports, analyses-in-brief to special studies, which continue to focus on areas that stakeholders have told us are critical to the health system and to population health.

For instance, as part of its plan to look at the factors that impact people's health, CIHI's Canadian Population Health Initiative published a number of reports, including *Improving the Health of Canadians: Mental Health and Homelessness*. CIHI also continued to collect and analyze information on wait times, including publishing the reports *Understanding Emergency Wait Times: Access to Inpatient Beds and Patient Flow* and *Wait Times Tables—A Comparison by Province, 2008*.

In the area of patient safety and outcomes, CIHI released its first-ever report on hospital standardized mortality ratios—*HSMR: A New Approach for Measuring Hospital Mortality Trends in Canada*. The HSMR is an indicator that allows hospitals to compare their results over time and enables hospitals and health regions to track progress in their efforts to improve patient safety and quality of care.

We also launched new electronic HSMR reports to help facilities and health regions across the country track their mortality rates on a monthly basis. This new information can support improvements in the quality of care provided in Canadian health care facilities.

We continued to closely monitor the workforce trends of Canada's health human resources and released the flagship report, *Canada's Health Care Providers, 2007*. A comprehensive reference on Canada's health care workforce, the report looks at how the health provider landscape has evolved and examines the complexities of health human resources planning and management in the current environment. It also provides the latest information on supply trends for various health professions.

We are home to 27 databases created to meet the needs of our many stakeholders. These data holdings track information on health care services, health spending, health professionals and Canadians' health, and we are continuously looking for new ways to enhance them. To provide answers to critical questions, we work closely with our stakeholders to ensure our analyses are aligned with their needs.

Our stakeholders are as varied as our data holdings. Policy-makers and health care managers make decisions based on our data. Researchers across the country conduct studies using our data and analyses. The news media and general public tap into our resources to learn more about Canada's health system and the health of Canadians.

Given all the data we collect, effective outreach is crucial. This is why we continue to focus on sharing our knowledge and expertise with our stakeholders by offering them more educational programs, tools and analytic techniques to help them use our products more effectively. In 2007–2008, CIHI delivered 319 education sessions to 10,000 people. Plans are also under way to enhance our website and web-based reporting tools, as well as deliver more online and face-to-face workshops.

Throughout the year, CIHI continued to raise awareness of our data through presentations at many conferences and events. We appeared as witnesses before committees in the Senate and the House of Commons on topics such as health care costs, pharmaceuticals, population health and mental health. We hosted "Health Human Resources 2007: Connecting Issues and People" and "InterRAI Canada," and we co-hosted the e-Health conference, all of which were highly successful and attracted a large number of participants.

Snapshot of a CIHI Database

One of CIHI's largest and oldest databases is the Discharge Abstract Database (DAD). Almost 900 institutions, including close to 700 hospitals, submit data to this database on a monthly basis.

Every time a patient leaves a hospital, an "abstract" of information about his or her visit is sent to DAD. The abstract contains information on age, sex and diagnosis. It includes how the patient arrived at the hospital; if he or she has any underlying illnesses complicating treatment, such as diabetes; and if this was a repeat visit. It details the treatment the patient received and where he or she was sent—be it to an inpatient unit, home or a nursing home. The abstract also records procedures and tests, as well as people involved in treating the patient. In all, there are about 140 data elements in each abstract.

Between April 1, 2007, and March 31, 2008, CIHI received almost 3.4 million patient abstracts for DAD. Each abstract represents one visit for a patient.

CIHI works hard to establish and maintain coding standards and data definitions across the country to ensure that data are collected in a consistent way, whether they are submitted by the Health Sciences Centre in St. John's or St. Paul's Hospital in Vancouver.

When the abstract is processed by our systems, more than 700 verifications are done to check for coding errors. The data are cross-referenced and validated—and when an issue arises, a report is electronically sent back to the hospital within a day or two. Hospitals then submit their corrections.

DAD has become an essential source of information for managing the hospital sector in Canada. We produce monthly, quarterly and annual reports, including some which are hospital-specific, as well as a series of comparative reports that hospitals can use to see how they are faring within their peer group.

Enhancing Our Data Holdings

In the health sector there has traditionally been a great deal of information on acute care. But as Canada's population ages and the health care sector evolves, a great deal of new information is needed, as health planners focus on delivering care in a range of settings. This year, CIHI expanded its holdings in health services such as home care, continuing care and ambulatory care. Pharmaceuticals (prescription drugs) are also taking a more prominent role in health care, and we increased our data holdings in this area to better understand how drugs are being prescribed and used across Canada.

Expanding Our Health Services Databases

- CIHI's Home Care Reporting System now contains data from the Yukon, British Columbia and the Winnipeg Regional Health Authority. In early 2008–2009, Nova Scotia and Ontario are expected to start submitting data, while work continues in Alberta, Saskatchewan and Newfoundland and Labrador.
- Four jurisdictions—Prince Edward Island, Nova Scotia, New Brunswick and Alberta—began submitting data on public drug claims for the first time this year to CIHI's National Prescription Drug Utilization Information System (NPDUIS) database. There are now six participating provinces.
- We also began expanding our Mental Health Reporting System, which includes comprehensive data for the province of Ontario. Facilities in Newfoundland and Labrador and British Columbia are piloting the clinical assessment instrument, with potential opportunities for data submission to CIHI.

CIHI is a national organization, and part of our mandate is to paint a comprehensive picture of health care from coast to coast. In order to achieve this, we worked hard this year to expand our partnerships. We increased the number of facilities and jurisdictions who contribute to our data holdings and use our information.

In 2007–2008, we helped many jurisdictions across the country begin submitting data to several of our databases, by facilitating the adoption and implementation of consistent data content standards and definitions.

In the critical area of health human resources (HHR), CIHI has been collecting comprehensive data on physicians and nurses for several years now. To learn more about other health professionals, we developed new HHR databases this year in order to be able to track supply and distribution trends for physiotherapists, medical laboratory technologists and medical radiation technologists. CIHI also released annual reports for our two newest databases, titled *Workforce Trends of Occupational Therapists in Canada, 2006* and *Workforce Trends of Pharmacists for Selected Provinces and Territories in Canada, 2006*.

Data Help Determine Where Beds Should Go

When the Nova Scotia government announced a 10-year continuing care strategy in 2006, Department of Health analysts were tasked with determining how to equitably allocate more than $70 million in new long-term care (LTC) beds across the province.

Building on a departmental population and frailty-based planning model, Susan Weagle, Director of Standards and Policy Development, and her team created a planning methodology that incorporated CIHI and Statistics Canada data.

To better understand the factors predicting the need for long-term care in different areas of the province, they used data from the Discharge Abstract Database and analyzed the number of patients older than age 75 admitted to hospital for one of the top 25 Case Mix Groups in 2005–2006. This frailty index showed that seniors in different parts of the province had different health status and LTC risk levels.

The team also looked at interRAI Home Care (RAI-HC©)[i] data, now being submitted to the CIHI Home Care Reporting System (HCRS), along with discharges from transitional care to validate the planning model against current demands.

Incorporating all of this into the methodology allowed them to determine future LTC needs and make recommendations about the number and type of beds, as well as the communities with greatest demand.

They were accepted by government, and more than 800 new beds are set to open by March 2010.

Without the CIHI data, however, Weagle says they wouldn't be as confident that their recommendations will meet the populations' needs, because they wouldn't have had a good grasp of the health status of the population most likely to require continuing care.

"But because we used solid evidence . . . we had something that was rational and defensible, and people could understand how we arrived at our recommendations," she says. "This planning approach will ensure people get the care they need, closer to home."

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i. Resident Assessment Instrument-Home Care (RAI-HC)© interRAI. Modified by CIHI with permission from interRAI for Canadian use.

Turning Data Into Actionable Information

CIHI produces information and analyses that are publicly available. Last year, CIHI published 80 reports, analytical documents and special studies. Our publications continue to be trusted sources of high-quality information that are both timely and relevant to the challenges being faced within the health care system.

Top 10 Report Downloads

Rank	Report	Total Download Visits
1	*Wait Times Tables—A Comparison by Province, 2007* (AIB)	6,608
2	*Health Indicators 2007*	5,621
3	*Canada's Healthcare Providers, 2005 Chartbook*	2,549
4	*Health Care in Canada 2007*	2,326
5	*Giving Birth in Canada—A Regional Profile, 2004*	1,873
6	*Emergency Department Wait Times*	1,844
7	*Average Payment per Physician Report—Fee-for-Service Physicians 2004–2005*	1,377
8	*Understanding Emergency Department Wait Times, 2005*	1,337
9	*The HSMR: A New Approach for Measuring Hospital Mortality Trends in Canada*	1,333
10	*How Healthy Are Rural Canadians?*	1,311

This year also saw CIHI expand its important work on developing comparable pan-Canadian indicators. As the saying goes, we cannot change what we cannot measure. Health indicators allow regions across Canada to learn from one another's best practices and identify areas for improvement by comparing apples to apples in health and health system performance. Since its inception, and in collaboration with Statistics Canada, CIHI has developed more than 40 health and health system indicators.

Other High-Impact Analytical Reports Released by CIHI in 2007–2008

- Our annual report, *National Health Expenditure Trends, 1975–2007*, remains Canada's most comprehensive source of information on health spending and is widely referenced by those planning and financing the health system, as well as the media. This year, we expanded our analysis of health expenditures to produce our first report on the average costs of hospital stays by medical condition.
- The annual report *Health Indicators 2007*, produced with Statistics Canada, includes more than 40 measures of health and health system performance for health regions across Canada. For the first time, the report had a special focus section on wait times for hip fracture surgery, a new indicator for health regions. It found seniors who wait longer for hip fracture surgery tend to have worse health outcomes.
- CIHI produced its first analysis from the National Prescription Drug Utilization Information System (NPDUIS) database. The analysis, based on public drug claims from four provinces, examined the use of potentially inappropriate prescription drugs by Canadian seniors.
- *Health Care Use at the End of Life in Western Canada*, a special study from CIHI's Western office, is the first of its kind to probe end-of-life care and how it varies between the four Western provinces.
- CIHI's National Trauma Registry measured the rise in all-terrain vehicle (ATV) accidents over the past decade, as well as the age groups most likely to sustain serious injuries and how often alcohol played a role in these injuries.
- The 2007 annual report *Treatment of End-Stage Organ Failure in Canada, 1996 to 2005*, included for the first time a special chapter focusing on pediatric patients—and found living donor transplants for young kidney failure patients quadrupled over 25 years, boosting survival rates.
- *Patient Safety Update* provides the latest available information on a wide range of adverse events in Canada, including the risk of a medication incident, a hospital-acquired infection or a birth trauma.

HSMR in Canada

The HSMR was first used in the United Kingdom and adapted by CIHI for use in Canada at the request of hospitals and patient safety experts.

Our HSMR report included results for 85 larger acute care facilities/corporations and 42 health regions over the last three fiscal years.

The measure focuses on 65 diagnosis groups that account for 80% of in-hospital deaths, excluding palliative care.

Although it is still early days, the good news is that the overall trend appears to be heading in the right direction. In Canada, the data showed that standardized mortality fell 6% over the last three years.

In 2007–2008, CIHI released, for the first time, hospital standardized mortality ratios (HSMRs) in Canada. As the first indicator of its kind in this country, the HSMR compares the actual number of deaths in a hospital or region with the average Canadian experience, after adjusting for several factors that may affect in-hospital mortality rates, including the age, sex, diagnoses and admission status of patients. By comparing their HSMR results over time, hospitals and health regions can track progress in their efforts to improve patient safety and quality of care.

Some of our reports serve as reference tools for health care decision-makers and Canadians. This is the case for *Health Care in Canada 2007*, which provides a comprehensive overview of the latest available information on health spending, services and human resources. We also published our flagship report on health human resources, *Canada's Health Care Providers, 2007*.

The Canadian Population Health Initiative

The Canadian Population Health Initiative (CPHI) is part of CIHI. CPHI conducts and supports research to foster a better understanding of factors that affect the health of individuals and communities and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

Following a stakeholder consultation, we recently began implementing the CPHI Action Plan 2007–2010. This plan was developed to look at several factors: how where people live and work affects their health and their weight; the factors that affect mental health and resilience; and how we can improve health.

Did you know?

Nearly 75% of hip-replacement recipients and 90% of knee-replacement recipients in 2005–2006 were overweight or obese.

Drilling Into Data Reveals True Cause of Death

When a nursing home resident dies after being transferred to a hospital, age is often deemed to be the reason. The patient was elderly and these things happen. It rarely goes any further. In New Brunswick, the HSMR helped change that.

When examining one hospital's mortality ratio recently, Ministry of Health staff in New Brunswick became concerned about patients being transferred there from nursing homes.

In one year, 10 patients with dementia had been admitted from nursing homes with pneumonitis—an inflammation of lung tissue—and died. Investigation revealed each case had been caused by inhaling food particles.

Although patients with dementia often have trouble swallowing, the need for a safety intervention was identified, as these events were preventable.

"We were really excited to see how much detail we could get," says Shauna Figler, Utilization Management Consultant with the province's Department of Health, Hospital Services Branch.

"You're obviously troubled when you find a safety issue, but if we hadn't gone into that detail we wouldn't be able to address it. And we would never have picked up on it (without) the HSMR."

The measure told the full story—and it went well beyond the fact that these patients were old. The HSMR gives something concrete to a subject that is often abstract, Figler says, as it is an actual number that provides a starting point for determining what is needed to make things safer.

"It's all about preventing deaths that need not have happened," she says.

In 2007–2008, CPHI published the following documents and reports:

- *Improving the Health of Canadians: Mental Health and Homelessness*—an overview of the latest research, surveys and policy initiatives related to mental health and homelessness, including new CIHI data on hospitalizations for mental illness among the homeless.
- *State of the Evidence Review on Urban Health and Healthy Weights*—a systematic review of the evidence on associations between modifiable characteristics of urban environments and healthy weights.
- *Reducing Gaps in Health: Knowledge Synthesis, Translation and Exchange*—the results of a one-day workshop on disseminating and communicating health information.
- *Healthy Urban Places: Moving From Knowledge to Action*—a summary of a one-day workshop on healthy urban places.

CPHI co-sponsored the Canadian Public Health Association's conference and CPHI staff organized and moderated a number of its plenaries and sessions. CPHI also co-sponsored and took part in planning the Canadian Institutes of Health Research's 2007 Summer Institute, which focused on population health intervention research.

In addition, CIHI appeared before two different Senate committees to present briefings on population health; one on mental health and homelessness and the other on rural poverty in Canada.

Other CIHI Data Quality Initiatives in 2007–2008

- CIHI produced comprehensive data quality reports for each of Canada's provinces and territories this past year. These reports examined our Discharge Abstract Database, Canadian MIS Database, the National Rehabilitation Reporting System and the National Physician Database.
- We launched a new inpatient grouping methodology and its related resource indicators (grouped as CMG+). These new data elements create a clearer picture around issues such as the cost of care, while the new patient groups will have more descriptors and meaning.
- We released the 2007 version of the *Comprehensive Ambulatory Classification System Directory*, which describes the methodology behind the ambulatory care classification system using text and flowcharts. We also released the *Day Procedure Groups Directory*, which contains an overview of how patients fit into the different day procedure groups and highlights changes to this grouping method that were made in 2007–2008.

Assessing Data Quality

One of the ways we can assess the quality of our data is to compare them across different sources to see if the same information is captured. In 2007–2008, we continued to work on our Discharge Abstract Database reabstraction studies, in which the data collected on hospital discharges across the country were compared to the information in patient charts to see how much the two were in agreement. CIHI also looked at the Canadian Organ Replacement Register to see whether dialysis patients' medical conditions, aside from kidney disease, were being captured accurately and given the appropriate codes in the database.

Improving Data Quality

In the world of health information, we need to trust the accuracy of data. How do we know that across the country the same information elements are collected in the same way and stored appropriately? One of CIHI's key roles is to develop definitions and standards for data collection, to ensure the methodology is tried and tested and the standards are applicable to all jurisdictions and facilities. Only standardized data are comparable data.

This past year we continued work related to implementing, monitoring and complying with CIHI's data quality framework across all data holdings, including implementing plans to review and enhance processes.

We completed our first study of the quality of data recorded during emergency department visits in 2004–2005. Study findings led to recommendations on how to improve the data being recorded in the National Ambulatory Care Reporting System (NACRS), which tracks emergency department data across Canada.

Once the data we have collected pass the strictest data quality tests, we can analyze them. But even then, we need to ensure that our methods are valid and that all our analyses are methodologically sound. This takes time, resources and specific skill sets. In the last year we expanded our methodology unit.

We also began work on our Metadata Repository. This is a critical part of our data quality efforts, as it will allow us to compare data across all 27 of our databases and registries. It will be a key resource for corporate knowledge within CIHI, as well as an excellent way to share information among and within our data holdings. In addition to basic data elements, the repository will house details on how we collect, process and report all of our data findings. It also contains information on each database's and registry's data elements, formats, values and other characteristics so that anyone who uses the data within CIHI can understand them and interpret them.

CIHI's Educational Initiatives in 2007–2008: The Numbers

Total number of Education registrations:	10,180 (a 5% increase over 2006–2007)
Number of eLearning registrations:	3,884
Percentage of total registrations that are for eLearning:	38%
Number of web conference registrations:	2,066
Percentage of total registrations that are for web conferences:	20%
Number of new eLearning products:	26
Number of new web conference products:	7

Other CIHI Tools

In 2007–2008, CIHI supported the transition of three e-tools from the development stage to the operational stage. eQuery is now available on our website so users can search or submit their questions about CIHI's programs and products, including our many databases. **Organizational Index** will provide a framework for tracking facilities across CIHI databases and over time. **eManagement Projects** is a web-based tool that allows authorized users to view information on the status, volume and quality of their total data submissions.

And on March 31, 2008, CIHI completed the launch of **eMIS Reports**, an easy-to-use web-based tool designed to support decision-making in hospitals, regional health authorities and ministries responsible for health. The eMIS Reports tool provides users with a variety of cross-country hospital indicators, which enable them to better evaluate system efficiencies and data quality at the facility level, and compare them to those of other facilities, regions and provinces, as well as over time.

Improving Access While Respecting Privacy

Privacy

CIHI is committed to protecting the privacy of individuals and ensuring the security of their personal information. CIHI adheres to all applicable privacy legislation, including the Ontario *Personal Health Information Protection Act*, which authorizes CIHI to receive personal health information as a prescribed entity. This designation requires Ontario's Information and Privacy Commissioner to review CIHI's privacy practices and procedures every three years.

CIHI's rigorous privacy program ensures that it upholds the most effective and highest privacy standards. Our privacy programs, policies and procedures are based on the 10 privacy principles of the Canadian Standards Association's *Model Code for the Protection of Personal Information*.

We continuously make improvements to our privacy program. In 2007–2008, we revised contracts and confidentiality agreements with employees. We also developed a formal policy for dealing with the loss, theft, unauthorized use, disclosure, copying, modification or disposal of personal health information. We continued to promote and highlight, within the organization, the importance of privacy.

Access and Education

At CIHI, we have several mechanisms and tools to help our stakeholders access the information they need, and we have taken many steps this year to improve them. In 2007–2008, we began developing a new web strategy to improve the content of our website and make it easier to navigate for both external and internal stakeholders.

Moving Births Closer to Home

When the Winchester District Memorial Hospital board was in strategic planning stages in June 2006, members began to question whether their facility could continue to deliver obstetric care when the program was no longer cost-efficient.

The hospital was reporting 300 to 350 births a year and, like most areas in the country, Winchester's birthrate was going down.

But when they examined data from CIHI's Discharge Abstract Database of where moms lived and delivered their babies, Winchester officials discovered that more than 800 low-risk obstetrical cases were going to nearby urban hospitals, primarily the Ottawa Hospital.

"The ultimate decision was that if we could repatriate just 50% of those births and add another 400 cases, we would have a very viable obstetrics program in this community hospital," says CEO Trudy Reid.

At the same time, Winchester and other area hospitals were starting discussions with the Champlain Local Health Integration Network (LHIN) about moving low-risk maternity cases from the tertiary care Ottawa Hospital into community hospitals to relieve pressure. Both the LHIN and Ministry of Health and Long-Term Care were supportive of shifting funding, allowing money to flow where the mother goes.

Doubling the number of births meant the hospital expansion plan had to be changed to add new space. With the new facility set to open in January 2009, the hospital is now actively marketing its integrated program to expectant mothers.

Without CIHI's data, however, the revitalization of the obstetrics program would not have happened. Hospital officials would not have known so many mothers were delivering elsewhere.

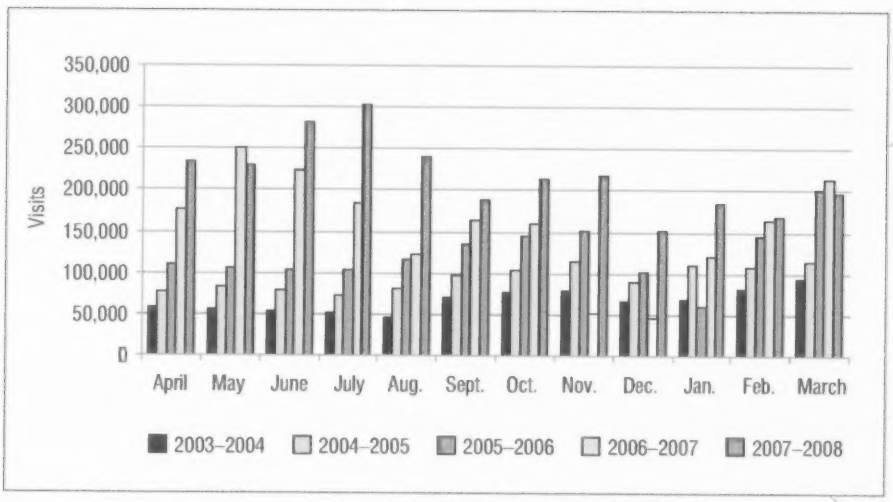
"The data—turned into information—were critical. They drove decisions," Reid says.

Among our web tools, the CIHI Portal is a dynamic environment where registered users within health care organizations can explore their data submissions. CIHI Portal can play a part in monitoring progress, making comparisons between organizations or jurisdictions, conducting evaluations, producing reports in areas such as cost efficiency and patient flow and sharing data and analyses with others.

This year, the CIHI Portal team held collaborative workshops for users in several provinces and participated in conferences across the country. CIHI Portal is now present on our website with a video demonstration of how it works.

CIHI has also done important outreach work this year to support the use and understanding of our data. We organized and participated in dozens of conferences, including the Canadian Health Information Management Association's conference and the Ontario Health Association's conference. We delivered hundreds of workshops across Canada, online and in-person. For example, in 2007–2008, we developed and held in-person workshops with data analysts from facilities across Canada to show how the new grouping methodology CMG + would be applied within their organizations.

CIHI Website Activity



CIHI Guides Best Practices

The Registered Nurses' Association of Ontario (RNAO) has used CIHI's data to help kids get off the couch, so to speak, and adopt healthier, more active lifestyles.

By drawing on three recent CIHI reports, the RNAO developed clinical best practice guidelines around preventing childhood obesity in 2005, offering direction for nurses working with children to help promote healthy eating and increase activity through educational, organizational and policy recommendations.

Paula Robeson, Development Panel Team Leader, says CIHI's data were crucial to panel members grasping the scope of Canada's obesity issue.

"CIHI is seen as a credible source of Canadian information. The data make the case for why this is an important guideline to follow in your practice," she says.

The guidelines are now being implemented in 180 schools by Niagara Region Public Health nurses. At Toronto's Hospital for Sick Children, Pam Hubley, Associate Chief of Nursing Practice, says they want to shift practice to include healthy eating and lifestyle as part of children's assessments, regardless of why they are at the hospital.

"When you think about all that can occur to (an obese) child's health and the cost of treating that . . . as well as the emotional and social costs, it's essential to consider the prevention side," Hubley says. "As a leading pediatric organization, it's very important we pay attention to not only what we can treat, but to how we can prevent children from getting to a place where they need treatment."

Robeson says RNAO will use CIHI data when reviewing the guidelines to track trends to determine if prevention efforts by partners are working.

People and Organization

CIHI is proud of its accomplishments and of its dedicated staff members who are committed to supporting the improvement of Canada's health system with dependable, high-quality information. We are always looking to attract and retain our skilled and specialized staff who drive improvements in health information through their expertise, dedication and innovation.

Just as we assess and monitor the quality of our data, we also want to ensure our employees are working in a stimulating and high-quality environment. In 2007–2008 we conducted our bi-annual employee survey and saw an improvement over the very positive results of the 2005 survey. Our employees continue to see CIHI as a highly supportive work environment with clear direction and goals, effective training and development programs, a strong quality focus and high levels of employee satisfaction. These results reflect an engaged workforce and a positive overall culture.

CIHI was also recognized externally for its work environment last year. For the third year in a row we were named one of the National Capital Region's top 20 employers.

Other 2007–2008 Human Resources Initiatives at CIHI

- To keep up with the increasing demand for our information and analytical products, we developed a recruitment strategy and conducted a major overhaul of our career website to make the online job search and application process more user-friendly.
- We also launched a new Learning and Professional Development website, which provides access to an elearning portal for our employees.

Preparing for the Future

- We developed common content standards for 12 clinical quality primary health care indicators (such as influenza immunization, cervical cancer screening, blood pressure control for hypertension and treatment of depression).
- We continued to participate in Canada Health Infoway's Standards Collaborative, which is responsible for the implementation support, education, conformance to and maintenance of electronic health record standards currently being developed by Infoway.
- In collaboration with Infoway, CIHI hosted an invitational summit in January, "Build Once, Use Often—Harnessing the Power of the EHR." The summit brought together leaders from across Canada and the world to examine the potential of information captured in electronic health records to enhance population health as well as improve and better manage the health system.

Ensuring Future Needs Are Met

CIHI is committed to meeting the health information needs of today—and of the future. This is why, in 2007–2008, we expanded the collection of data beyond acute care to include home care, long-term care and pharmaceuticals. Over the past year, we also consulted our stakeholders and asked them about their need for data in the future. As a result of this dialogue, we will be exploring a series of priority topics, such as primary health care and community mental health.

In collecting data on these topics and enhancing our partnerships with jurisdictions and facilities across the country, we will continue to adhere to the strictest data quality standards and we will continue our efforts to streamline our methods of data collection, including electronic submissions.

In trying to respond to the new challenges it faces, our health system also creates new challenges to the collection of health data. CIHI is always working to keep pace with the evolving technical realities and opportunities for data capture and collection.

This past year we continued to be part of the cross-country conversation about electronic health records (EHRs). Significant investments in EHRs are currently underway in Canada, as they hold tremendous potential to improve front-line care by offering health care providers a more complete picture of a patient's health and medical history.

The EHR also has the ability to improve patient care, population health and the system as a whole. It could serve as a rich source of data to assist policy-makers, health system managers, health care providers and researchers in improving health and health care for all Canadians.

The full potential of the EHR will be achieved only if it is designed to produce high-quality, standardized data that can be used to help manage the health system and support policy development and quality improvement. CIHI will work with key partners to explore and define which data need to be collected in a consistent, standardized manner.

Our New Strategic Directions

Looking Ahead: 2008–2009 and Beyond

The past year marked the last year of CIHI's three-year strategic plan. To look forward, we conducted in-depth cross-country consultations with our stakeholders. We spoke with deputy ministers and assistant deputy ministers of health; health researchers; and representatives from regional health authorities, hospitals, professional associations and colleges, as well as local research centres.

They told us what they thought we were doing right, what we could improve and what they would like to see us do in the future. We are pleased to report that, overall, our stakeholders told us we are on the right track. They say our data and information are trustworthy, secure, unbiased and of high quality. They also give us very helpful suggestions on how we should be moving forward, allocating our resources and energies to the most high-priority areas. Our new *Strategic Directions, 2008–2009 to 2011–2012* document outlines the priorities identified by our stakeholders.

Our overarching goal remains the same: to help improve Canada's health system and the well-being of Canadians by being a leading source of unbiased, credible and comparable information that will enable health leaders to make better-informed decisions.

Over the next four years, CIHI will enhance the scope, quality and timeliness of our data holdings. We will continue to produce quality information and analyses that are relevant and actionable. We will work with our stakeholders to help them better understand and use our data and analyses, and we will do this in a timely and privacy-sensitive manner. And we will continue to ensure that CIHI offers a dynamic and satisfying work environment for our highly skilled staff.

Our Objectives for 2008–2009

In 2008–2009, we plan to build on the work and progress realized over the last several years. We will also launch several exciting new initiatives that will begin to address the priority health information needs identified in our recent cross-country consultations.

To enhance the scope, quality and timeliness of our data holdings, we will:

- carry out a number of specific initiatives aimed at increasing the scope/coverage of select data holdings, with a particular focus on ambulatory care (such as emergency services and day surgeries), home and continuing care, and primary health care;
- explore options to collect data on Aboriginal health and community-based mental health services;
- continue our efforts to improve the overall quality and timeliness of data across all data holdings; and
- continue to work with governments, Canada Health Infoway and other stakeholders to identify and raise awareness of future health system data needs, including follow-up actions from the January 2008 Health Information Summit.

To continue to produce quality information and analyses that are relevant and actionable, we will:

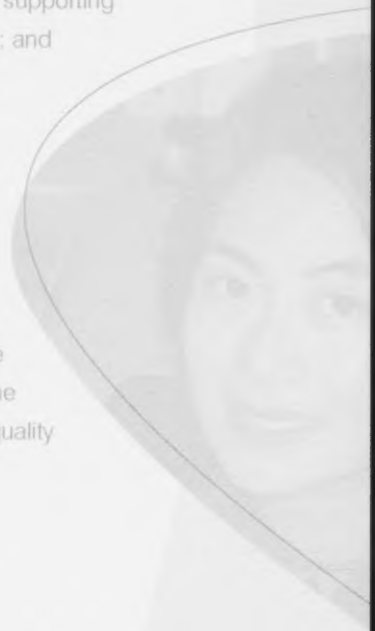
- continue to increase the overall depth and breadth of analysis and reporting across all data holdings, and develop and release a number of special analytical reports relevant to priority analytical themes, such as access to care (including new/updated reports on wait times), quality of care, patient outcomes, efficiency/productivity and patient flow/continuity of care;
- continue to develop, refine and disseminate comparative health indicators, including hospital standardized mortality ratios, and other measures of patient safety, population health, and quality and access to care in collaboration with our key partner, Statistics Canada;

- continue to develop and disseminate reports, such as *Health Indicators 2008* and *Health Care in Canada 2008*, as well as other policy-relevant analytical reports in areas such as health expenditures, health human resources and health services; and
- produce and release the final two reports of the *Improving the Health of Canadians, 2007–2008* report series on mental health, as well as a pan-Canadian report on poverty and urban health.

To help our stakeholders better understand and use our data and analyses in a timely and privacy-sensitive manner, we will:

- strengthen our analytical/knowledge exchange capacity to assist clients in making more effective use of our data and information products. This will include developing and delivering new educational workshops and materials and other outreach activities, such as conferences and presentations;
- improve our website in order to strengthen the accessibility of our data and information and implement technical solutions that will support improved data acquisition, information dissemination and knowledge transfer and exchange;
- continue to enhance business processes and services in order to respond more effectively to external data and information requests, including providing a rapid response service for specific analytical tasks;
- improve access to, and use of, various electronic tools, including supporting increased adoption and uptake of CIHI Portal and other e-reports; and
- continue to implement strategies and plans to further strengthen CIHI's presence at the provincial/territorial, regional and local levels and identify opportunities to align existing CIHI products and services to address emerging regional needs.

In 2008–2009, CIHI will continue to work towards making our information even more accurate and comprehensive. We will develop new ways to make it accessible. And we will work to ensure that it is relevant and actionable so that it can be used to improve the health of Canadians and support the management and delivery of quality health care across the country.



Auditors' Report on Summarized Financial Statements

To the Board of Directors of the Canadian Institute for Health Information

The accompanying summarized balance sheet, statements of revenue and expenses and cash flows are derived from the complete financial statements of the Canadian Institute for Health Information as at March 31, 2008, and for the year then ended on which we expressed an opinion without reservation in our report dated May 9, 2008. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Ernst & Young LLP

Ernst & Young LLP
Chartered Accountants
Licensed Public Accountants

Ottawa, Canada

May 9, 2008.

Balance Sheet

As at March 31

	2008 $	2007 $
ASSETS		
Current		
Cash	8,563,748	1,067,482
Accounts receivable	7,591,350	6,893,069
Accrued interest	16,305	4,601
Prepaid expenses	1,339,336	790,523
	17,510,739	8,755,675
Investments—Roadmap	39,119,302	50,424,323
Capital assets	10,513,941	9,830,380
Other assets	264,546	334,122
	67,408,528	69,344,500
LIABILITIES		
Current		
Accounts payable and accrued liabilities	9,219,808	4,522,187
Unearned revenue	2,879,650	2,130,356
	12,099,458	6,652,543
Accrued pension benefits	3,770,217	2,234,434
Deferred contributions—Roadmap	38,264,909	47,946,579
Deferred contributions—capital assets	6,556,939	5,513,096
Lease inducements	2,113,035	2,468,276
	62,804,558	64,814,928
NET ASSETS		
Invested in capital assets	2,221,139	2,281,095
Unrestricted	2,382,831	2,248,477
	4,603,970	4,529,572
	67,408,528	69,344,500

Statement of Revenue and Expenses

Year Ended March 31

	2008 $	2007 $
REVENUE		
Core Plan	14,953,798	15,116,557
Sales	2,610,768	1,904,050
Funding—other	5,809,845	8,732,092
Health Information Initiative/Roadmap	60,050,510	45,940,723
Interest	114,495	107,928
Miscellaneous	76,371	24,553
	83,615,787	71,825,903
EXPENSES		
Compensation	50,357,731	45,635,556
External and professional services	6,080,090	6,845,686
Travel and advisory committee expenses	4,098,640	3,748,440
Office—supply and services	7,807,978	7,623,220
Computers and telecommunications	4,488,357	4,156,601
Research grants and contributions	10,547,333	3,566,157
Miscellaneous	161,260	159,993
	83,541,389	71,735,653
Excess of revenue over expenses	74,398	90,250

Statement of Cash Flows

Year Ended March 31

	2008 $	2007 $
OPERATING ACTIVITIES		
Excess of revenue over expenses	74,398	90,250
Items not affecting cash:		
Amortization of capital assets	2,896,794	2,483,063
Amortization of lease inducements	(355,241)	(355,538)
Pension benefits	1,535,783	751,089
Amortization of deferred contributions—capital assets	(1,852,977)	(1,431,217)
Loss on disposal of capital assets	13,601	30,533
	2,312,358	1,568,180
Changes in non-cash working capital items	4,188,117	(2,172,719)
Net change in other assets	69,576	(126,705)
Net decrease in deferred contributions	(6,784,850)	(42,381,907)
Amortization of investments—Roadmap premiums	-	427,878
Loss on disposal of investments—Roadmap	-	1,674
Roadmap	-	19,740,000
Cash used in operating activities	(214,799)	(22,943,599)
INVESTING ACTIVITIES		
Acquisition of capital assets	(3,598,093)	(2,265,964)
Proceeds on disposal of capital assets	4,137	2,942
Acquisition of investments—Roadmap	(19,377,989)	(132,927,543)
Proceeds on disposal of investments—Roadmap	30,683,010	158,052,906
Cash provided by investing activities	7,711,065	22,862,341
FINANCING ACTIVITIES		
Leasehold inducements	-	3,368
Cash provided by financing activities	-	3,368
Net cash inflow (outflow)	7,496,266	(77,890)
Cash, beginning of year	1,067,482	1,145,372
Cash, end of year	8,563,748	1,067,482

Complete financial statements of the Canadian Institute for Health Information for the year ended March 31, 2008, are available upon request.

Financial Highlights

Contribution Agreements

Established in 1994 as an independent not-for-profit organization, CIHI has consistently grown over the past few years. Through various contribution agreements, the federal, provincial and territorial ministries of health provide most of CIHI's annual operating funding. Total revenue for 2007–2008 amounted to $83.6 million, compared to $71.8 million for the previous year. This represents an increase of $11.8 million and primarily reflects Health Canada's continuous funding support towards health information–related initiatives.

Remuneration

Total remuneration paid, including any fee allowance or other benefits to CIHI's senior management team involved in the achievement of the approved strategic directions, was $3.3 million for the period ending March 31, 2008.

Investment Policies

For effective management of CIHI's investments, CIHI has hired TD Asset Management Inc. as the custodian and investment manager. At the end of March 2008, $39.1 million was invested in TD Emerald Canadian Treasury Management pooled funds, which included low-risk financial instruments, such as GICs, treasury bills and commercial papers. CIHI adheres to investment best practices and policies similar to those endorsed by the federal government investment guidelines. A benchmark has been established to measure the performance of the funds and the investment manager. To exercise stewardship of the funds, the CIHI finance and audit committee regularly reviews the results and rates of return of the funds.

Appendix 1: Funding Agreements Evaluations

At CIHI, evaluation is a critical part of how we operate. It is an ongoing management and learning tool that we can depend on to guide us as we strive toenhance and improve what we are doing.

Aside from the many project and program evaluations that are regularly conducted in our offices by our staff members, CIHI completed two large evaluation initiatives in 2007–2008: an evaluation of the Health Information Roadmap II/II Plus and a review of our Health Information Contribution Program.

Health Information Roadmap II/II Plus

The Health Information Roadmap (Roadmap) was born in 1998 after more than 500 people from government, health care, professional associations and the public gathered to look at the kind of information needed around the health of Canadians and their health care system. From there, a roadmap was created, setting out what we needed to do in order to modernize the information we had, with the general aim of having better information for better health and health care.

The Roadmap received its initial funding in 1999. It has since received renewed funding twice from the federal government, creating the Health Information Roadmap II (in 2001) and the Health Information Roadmap II Plus (in 2003). Since its inception, the Roadmap has involved a series of projects led by CIHI (including the Canadian Population Health Initiative), Statistics Canada and other stakeholders across the country. These projects look at what our health care priorities are and develop standards for the data being collected on our health system. They also fill in gaps on what we know about health services, costs, patient outcomes, factors that affect Canadians' health and the health of Canada's overall population.

An in-depth evaluation on the Health Information Roadmap II/II Plus was completed last year by an independent third party. The general findings are as follows:

- Roadmap II/II Plus products are essential to evidence-based decision-making.
- Roadmap II/II Plus products form the bedrock of national comparative reporting.
- Roadmap II/II Plus products are of high quality and can be trusted.

Understanding the reasons why some Canadians are healthy or not is only at the early stages of exploration; more investigation is required.

Many stakeholders want the deeper analysis which they are seeing in recent products; in other words, they want to know what the findings say about where they should concentrate the health system's scarce resources.

The Health Information Contribution Program

Another independent, third-party evaluation conducted in 2007–2008 was a review of our Health Information Contribution Program. This program was set up with funding from Statistics Canada totalling $2.8 million for CIHI between 2005–2006 and 2009–2010. Last year's evaluation was an interim report that looked at our programs and databases that received funds from this agreement. Those include:

- The Hospital Morbidity Database—a national data holding that captures administrative, clinical and demographic information on hospital inpatient events.
- The Hospital Mental Health Database—a data holding that contains hospitalization data for mental illness across Canada.
- The Canadian MIS Database—the national data source for financial and statistical information about hospitals and health regions.
- The Registered Nurses Database—a data holding that contains information on Canada's supply of nurses, nursing demographics, nursing education statistics, employment statistics, etc.
- The Therapeutic Abortions Database—a national data holding that captures administrative, clinical and demographic information on women obtaining an induced abortion in Canada.
- The International Classification of Functioning, Disability and Health—a framework that provides standardized terminology and classification of the consequences of diseases.
- Nosology (ICD-10-CA/CCI) development—developing how diseases are classified.

Overall, the findings showed that the programs mentioned are delivering good value for money and are successfully making steady progress to advance desired results. Particularly significant are the following:

- The improved standards implementation—notably the commitment of Quebec to the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10-CA) and the Canadian Classification of Health Interventions (CCI) so that there is now pan-Canadian coverage.
- The increased number of published reports from the relevant data holdings.

Stakeholders noted that the derived products further the understanding of the performance of the Canadian health system, and this was seen to be growing over time.

Appendix 2: CIHI's Leadership

CIHI's Board of Directors As of March 31, 2008

Chair

Mr. Graham W. S. Scott, C.M., Q.C.
President, Graham Scott Strategies, Inc.
(Toronto, Ontario)

CIHI

Glenda Yeates (ex officio)
President and Chief Executive Officer
(Ottawa, Ontario)

Canada at Large

Dr. Peter Barrett
Physician and Faculty, University of Saskatchewan Medical School
(Saskatoon, Saskatchewan)

Chair, CPHI Council

Dr. Cordell Neudorf
Chief Medical Health Officer and Vice-President, Research, Saskatoon Health Region

Health Canada

Mr. Morris Rosenberg
Deputy Minister of Health
(Ottawa, Ontario)

Statistics Canada

Dr. Ivan Fellegi
Chief Statistician of Canada
(Ottawa, Ontario)

Region 1: British Columbia and Yukon Territory

Mr. Gordon Macatee
Deputy Minister,
Ministry of Health
(Victoria, British Columbia)

Mr. Howard Waldner
Chief Executive Officer, Vancouver Island Health Authority
(Victoria, British Columbia)

Region 2: The Prairies, the Northwest Territories and Nunavut

Dr. Brian Postl
Vice-Chair of the Board
Chief Executive Officer, Winnipeg Regional Health Authority

Dr. Chris Eagle
President and Chief Operating Officer, Calgary Health Region

Region 3: Ontario

Mr. Ron Sapsford
Deputy Minister, Ministry of Health and Long-Term Care, Ontario
(Toronto, Ontario)

Mr. Kevin Empey
Executive Vice President, Clinical Support and Corporate Services, University Health Network
(Toronto, Ontario)

Region 4: Quebec

Mr. Roger Paquet
Deputy Minister, ministère de la Santé et des Services sociaux
(Québec, Quebec)

Mr. David Levine
President and Director General, Agence de la santé et des services sociaux de Montréal

Region 5: Atlantic

Ms. Cheryl A. Doiron
Deputy Minister of Health,
Nova Scotia Department of Health
(Halifax, Nova Scotia)

Ms. Alice Kennedy
Chief Operating Officer,
Long Term Care, Eastern Health,
Newfoundland and Labrador
(St. John's, Newfoundland
and Labrador)

Senior Management As of March 31, 2008

Glenda Yeates
President and Chief Executive Officer

Jean-Marie Berthelot
Vice President, Programs

Louise Ogilvie
Vice President, Corporate Services

Vacant[ii]
Vice President, Research and Analysis

Jack Bingham
Executive Director, Ontario

Lorraine Cayer
Director, Finance

Anne Cochrane
Director, Corporate Communications
and Outreach

Brent Diverty
Director, Continuing
and Specialized Care
Information Services

Mark Fuller
Director, IT/IS—Architecture,
Planning and Standards

Jean Harvey
Director, Canadian Population
Health Initiative

Kim Harvey
Director, IT/IS—Applications

Caroline Heick
Director, Acute and Ambulatory Care
Information Services

André Lalonde
Executive Director, Corporate Planning
and Quality Management

Mimi Lepage
Chief Privacy Officer and
General Counsel

Anne McFarlane
Executive Director, Western Canada

Scott Murray
Chief Technology Officer

Stephen O'Reilly
Executive Director,
Atlantic Canada

Indra Pulcins
Director, Health Reports
and Analysis

Francine Anne Roy
Director, Health
Resources Information

Greg Webster
Director, Research and
Indicator Development

Douglas Yeo
Director, Data Quality,
Case Mix and Methodology

ii. Jennifer Zelmer held this position until January 2008.

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